



IFW

Docket No: PULT 9283US  
Date: July 5, 2005

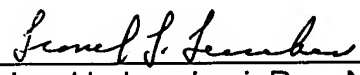
|  |                   |
|--|-------------------|
| In re application of: Terry J. Pullaro       |                   |
| Serial No.: 10/810,347                       | Group No.:        |
| Filed: March 26, 2004                        | Confirmation No.: |
| For: SPORTS TRAINING AND CONDITIONING DEVICE |                   |

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

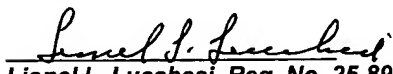
Sir:

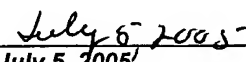
Transmitted herewith is a copy of the Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address to designate the attorneys to be recognized as being of record in this application.

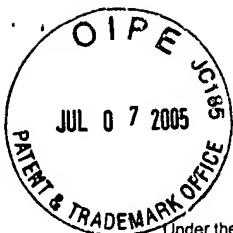
The Commissioner is hereby authorized to charge any additional fees or credit any overpayment under 37 CFR §1.16 and §1.17, which may be required to Deposit Account No. 162201. *Duplicates of this sheet are enclosed.*

  
Lionel L. Lucchesi, Reg. No. 25,891  
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 5, 2005.

  
Lionel L. Lucchesi, Reg. No. 25,891

  
July 5, 2005



PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/810,347        |
| Filing Date            | March 26, 2004    |
| First Named Inventor   | Pullaro, Terry J. |
| Art Unit               |                   |
| Examiner Name          |                   |
| Attorney Docket Number | PULT 92830S       |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 001688

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

001688

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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